FEC

STATEMENT OF

FORM 1		ORGANIZA	ATION		
. •		(See instruction	s)		Office use only
NAME OF COMMITTEE (in f	ull) X	(Check if name is changed)	Example: If typying over the lines	1, type 12FE4M5	
ORRINPAC					
ADDRESS (number and s	itreet)	5 S. WEST TEMPLE	E, SUITE 650		
(Check if addre					
is changed)		ALT LAKE CITY		L UT	84101 -
COMMITTEE C E MAI	ADDDECC		CITY	STATE▲	ZIP CODE 📥
COMMITTEE'S E-MAI	L ADDRESS				ı
ш					
COMMITTEE'S WEB	PAGE ADDRESS	(URL)			
COMMITTEE'S FAX N	UMBER				
بنا لبنا	بنا ل				
2. DATE M M M 1 2	/ D D /	2006			
3. FEC IDENTIFICA	TION NUMBER	(C C00235572		
4. IS THIS STATEM	ENT N	EW (N) OR	X AMEND	ED (A)	
	and their Chatanana				
r certily that I have examil	ned this Statement	and to the best of my know	wedge and belief it is true	e, correct and complete	
Type or Print Name of	Treasurer	STANLEY R. DE V	WAAL		
Signature of Treasurer	Electronically	Filed by STANLEY	R. DE WAAL	Date 1 2	29 / 2006
NOTE: Submission of fal		•		ng this Statement to the pena	_
- C'''	AINT	TANGE IN INTONIVAT			
Office Use Only				formation contact: on Commission 424-9530	FEC FORM 1 (Revised 02/2003)

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5.	TYPE OF COMMITTEE (Check One)	
	(a) This committee is a principal campaign committee. (Complete the candidate information below.)	
	(b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the cainformation below.)	andidate
	Name of Candidate	
	Candidate Party Affiliation Office Sought: House Senate President	State District
	(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	
	Name of Candidate	
		emocratic, oublican,etc.) Party.
	(e) This committee is a separate segregated fund	
	(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fur committee.	nd or party
6.	Name of Any Connected Organization or Affiliated Committee	
l		.
	Mailing Address	
	CITY▲ STATE▲ 2	ZIP CODE A
	Relationship	
	Type of Connected Organization:	
	Corporation Corporation w/o Capital Stock Labor Organization	on
	Membership Organization Trade Association Cooperative	

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Write or Type Co	mmittee Name							
ORRINPAC	C							
	f Records: Identify by of Committee books a	name, address, (phone number nd records.	optional), and position of t	he person in				
Full Name	Full Name STANLEY R. DE WAAL							
Mailing Addres		175 SOUTH WEST TEMPLE, SUITE 650						
		SALT LAKE CITY	UT_	84101 _				
Title or Positio	on 🔻	CITY A	STATE▲	ZIP CODE A				
	TREASURER		Telephone number					
name and a Full Name of Treasurer Mailing Addres	STANLEY R. D	ted agent (e.g., assistant treasúr E WAAL 175 S. WEST TEMPLE, SU						
		SALT LAKE CITY	UT	84101				
Title or Positio	on ¥	CITY A	STATE▲	ZIP CODE ▲				
	TREASURER		Telephone number 801	364 9300				
Full Name of Designated Agent								
Mailing Addres								
Title or Positio	 on ∀	CITY A	STATE A	ZIP CODE A				

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9.	Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts safety deposit boxes or maintains funds. Name of Bank, Depository, etc.						
	Mailing Address	ZIONS BANK 310 SOUTH MAIN STREET					
			84101 _				
		CITY A STATE A	ZIP CODE 🛆				